

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Cooperative of American Physicians Federal Political Action Committee

ADDRESS (number and street) 333 S. Hope Street, 8th Floor

Check if different than previously reported. (ACC) Los Angeles CA 90071

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00161604

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 11 / 01 / 2011 through 11 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kirk Alan Pessner

Signature of Treasurer Kirk Alan Pessner [Electronically Filed] Date 12 / 20 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Cooperative of American Physicians Federal Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2011"/>  |                         | 107463.22                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | -22758.82               |                                   |
| (c) Total Receipts (from Line 19) .....  | 22593.00                | 72230.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | -165.82                 | 179693.22                         |
| 7. Total Disbursements (from Line 31).....   | 5000.00                 | 87900.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 91793.22                | 91793.22                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Cooperative of American Physicians Federal Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 17525.00                      | 36775.00                          |
| (ii) Unitemized .....   | 5068.00                       | 35455.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 22593.00                      | 72230.00                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 22593.00                      | 72230.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | 22593.00                      | 72230.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 22593.00                      | 72230.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 0.00                          | 0.00                              |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 5000.00                       | 87900.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....                   | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....   | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 5000.00                       | 87900.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 5000.00                       | 87900.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/Operating Expenditures</b>                                   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 22593.00                              | 72230.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 22593.00                              | 72230.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶               | 0.00                                  | 0.00                                      |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 27                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Erlinda Abcede MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12314 Charlwood St.  
 City Cerritos State CA Zip Code 90703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Erlinda Abcede, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : 11AI-74993**  
 Amount of Each Receipt this Period  
**250.00**

**B. Robert Agulnek MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 56208  
 City Sherman Oaks State CA Zip Code 91413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Agulnek, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : 11AI-75014**  
 Amount of Each Receipt this Period  
**250.00**

**C. William Barba MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 Cesar Chavez Ave., #500  
 City Los Angeles State CA Zip Code 90033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer William Barba, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : 11AI-75052**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 27  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Vatche Bardakjian MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 S. Central #126  
 City Glendale State CA Zip Code 91204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vatche Bardakjian, MD Occupation Physician  
 Receipt For: 2011  
 Primary     General  
 Other (specify)  Calendar Year

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : 11AI-74996**  
 Amount of Each Receipt this Period  
 150.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Philip Biderman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13320 Riverside Drive, #110  
 City Sherman Oaks State CA Zip Code 91423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Philip Biderman, MD Occupation Physician  
 Receipt For: 2011  
 Primary     General  
 Other (specify)  Calendar Year

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : 11AI-74990**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**C. Allyson Brooks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1441 Avocado Ave., #301  
 City Newport Beach State CA Zip Code 92660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Allyson Brooks, MD Occupation Physician  
 Receipt For: 2011  
 Primary     General  
 Other (specify)  Calendar Year

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : 11AI-74983**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 OF 27                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Stewart Brooks MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2950 Sycamore Drive #200  
 City State Zip Code  
 Simi Valley CA 93065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stewart Brooks, MD Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : 11AI-75031**  
 Amount of Each Receipt this Period  
**250.00**

**B. Bruce Burton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Rippling Stream  
 City State Zip Code  
 Irvine CA 92603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bruce Burton, MD Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : 11AI-75050**  
 Amount of Each Receipt this Period  
**250.00**

**C. Zosima Carino-gateb MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81833 Doctor Carreon Blvd, #6  
 City State Zip Code  
 Indio CA 92201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Zosima Carino-Gateb, MD Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : 11AI-74948**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 27                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Soho Cho MD</b>  |                                     | Date of Receipt   |
| Mailing Address 680 Wilshire Place #310                           |                                     | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Los Angeles   | CA                                  | 90005   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>11AI-75021</b>  |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |
| Name of Employer  | Occupation                          |   |
| Soho Cho, MD  | Physician                           |   |
| Receipt For: 2011   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="350.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼             |                                     |   |
| Calendar Year   |                                     |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Sheilah Clayton MD</b> |                                      | Date of Receipt   |
| Mailing Address 1060 E Green St   |                                      | <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2011"/> |
| City  | State                                | Zip Code  |
| Pasadena  | CA                                   | 91106   |
| FEC ID number of contributing federal political committee.              |                                      | Transaction ID : <b>11AI-75028</b>  |
| <input type="text" value="C"/>  |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="1000.00"/>  |
| Name of Employer  | Occupation                           |   |
| Sheilah Clayton, MD   | Physician                            |   |
| Receipt For: 2011   | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General       | <input type="text" value="1000.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼                   |                                      |   |
| Calendar Year   |                                      |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Rose Codini MD</b> |                                      | Date of Receipt   |
| Mailing Address 24411 Health Center Drive, #43                      |                                      | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| City  | State                                | Zip Code  |
| Laguna Hills  | CA                                   | 92653   |
| FEC ID number of contributing federal political committee.          |                                      | Transaction ID : <b>11AI-75038</b>  |
| <input type="text" value="C"/>                                      |                                      | Amount of Each Receipt this Period  |
|   |                                      | <input type="text" value="1000.00"/>  |
| Name of Employer  | Occupation                           |   |
| Rose Codini, MD   | Physician                            |   |
| Receipt For: 2011   | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   | <input type="text" value="1000.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼               |                                      |   |
| Calendar Year   |                                      |   |

|   |                                      |
|---|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <input type="text" value="2250.00"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... | <input type="text" value=""/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Robert Cohenour M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6950 Calledia  
 City Camarillo State CA Zip Code 93012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert Cohenour, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : 11AI-74992**  
 Amount of Each Receipt this Period  
**250.00**

**B. German Crisol MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6485 Day St., #202  
 City Riverside State CA Zip Code 92507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer German Crisol, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : 11AI-74957**  
 Amount of Each Receipt this Period  
**500.00**

**C. Olivia Crookes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1245 16th St., #300  
 City Santa Monica State CA Zip Code 90404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Olivia Crookes, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : 11AI-75023**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1000.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Vijay Dhawan MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3420 W. Beverly Blvd.  
City Montebello State CA Zip Code 90640  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Vijay Dhawan, MD Occupation Physician  
Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2011  
**Transaction ID : 11AI-74953**  
Amount of Each Receipt this Period  
1000.00

**B. Elliott Fankuchen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3517  
City Laguna Hills State CA Zip Code 92654  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Elliott Fankuchen, MD Occupation Physician  
Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 18 / 2011  
**Transaction ID : 11AI-74989**  
Amount of Each Receipt this Period  
250.00

**C. Bernard Feldman MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2421 E. 16th St., #3  
City Newport Beach State CA Zip Code 92663  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bernard Feldman, MD Occupation Physician  
Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 09 / 2011  
**Transaction ID : 11AI-75027**  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Tony Feuerman MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16133 Ventura Blvd., #1105

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Encino | State<br>CA | Zip Code<br>91436 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                       |                         |
|---------------------------------------|-------------------------|
| Name of Employer<br>Tony Feuerman, MD | Occupation<br>Physician |
|---------------------------------------|-------------------------|

Receipt For: 2011  
 Primary  General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 09    | / | 2011        |

**Transaction ID : 11AI-74970**

Amount of Each Receipt this Period  
500.00

**B. John Fox MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4455 Los Feliz Blvd., #308

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Los Angeles | State<br>CA | Zip Code<br>90027 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                  |                         |
|----------------------------------|-------------------------|
| Name of Employer<br>John Fox, MD | Occupation<br>Physician |
|----------------------------------|-------------------------|

Receipt For: 2011  
 Primary  General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 17    | / | 2011        |

**Transaction ID : 11AI-74981**

Amount of Each Receipt this Period  
500.00

**C. Theodore Georgis MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 273

|                              |             |                   |
|------------------------------|-------------|-------------------|
| City<br>Palos Verdes Estates | State<br>CA | Zip Code<br>90274 |
|------------------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|  |                         |
|--|-------------------------|
| Name of Employer<br>Theodore Georgis, MD | Occupation<br>Physician |
|--|-------------------------|

Receipt For: 2011  
 Primary  General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 30    | / | 2011        |

**Transaction ID : 11AI-75002**

Amount of Each Receipt this Period  
250.00

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Felicitas Halili MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6943 Roundup Way  
 City Orange State CA Zip Code 92869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Felicitas Halili, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : 11AI-74955**  
 Amount of Each Receipt this Period  
**250.00**

**B. John Ingram MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2888 Long Beach Blvd., #340  
 City Long Beach State CA Zip Code 90806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Ingram, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : 11AI-74999**  
 Amount of Each Receipt this Period  
**250.00**

**C. Angeline Ituriaga MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 515 S. Beach Blvd., # I  
 City Anaheim State CA Zip Code 92804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Angeline Ituriaga, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : 11AI-75004**  
 Amount of Each Receipt this Period  
**250.00**

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Anne Kent MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 361 Hospital Road, #533

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Newport Beach | State<br>CA | Zip Code<br>92663 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                   |                         |
|-----------------------------------|-------------------------|
| Name of Employer<br>Anne Kent, MD | Occupation<br>Physician |
|-----------------------------------|-------------------------|

Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 03    | / | 2011        |

**Transaction ID : 11AI-74954**

Amount of Each Receipt this Period  
250.00

**B. L Joel Kessler MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2021 Santa Monica Blvd Ste 240

|                      |             |                   |
|----------------------|-------------|-------------------|
| City<br>Santa Monica | State<br>CA | Zip Code<br>90404 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|  |                         |
|--|-------------------------|
| Name of Employer<br>L Joel Kessler, MD | Occupation<br>Physician |
|--|-------------------------|

Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 02    | / | 2011        |

**Transaction ID : 11AI-74988**

Amount of Each Receipt this Period  
250.00

**C. Richard Kettler MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1950 Sawtelle Blvd Ste 342

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>Los Angeles | State<br>CA | Zip Code<br>90025 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|   |                         |
|---|-------------------------|
| Name of Employer<br>Richard Kettler, MD | Occupation<br>Physician |
|---|-------------------------|

Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 03    | / | 2011        |

**Transaction ID : 11AI-74966**

Amount of Each Receipt this Period  
125.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 625.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Rajesh Khanijou MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 725 W La Veta Ste 210A  
 City Orange State CA Zip Code 92868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rajesh Khanijou, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2011  
**Transaction ID : 11AI-75001**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Lorrie Klein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 30201 Golden Lantern Ste B  
 City Laguna Niguel State CA Zip Code 92677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lorrie Klein, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 08 / 2011  
**Transaction ID : 11AI-75020**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 700.00

**C. Warren Line MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 191 S Buena Vista Ste 320  
 City Burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Warren Line, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : 11AI-75017**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 16 OF 27   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Gregory Lizer MD</b>                        |                                     | Date of Receipt   |
| Mailing Address 1346 Foothill Blvd., #201  |                                     | <input type="text" value="11"/> / <input type="text" value="17"/> / <input type="text" value="2011"/> |
| City<br>La Canada  | State<br>CA                         | Zip Code<br>91011   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> |                                     | <b>Transaction ID : 11AI-75051</b>  |
| Name of Employer<br>Gregory Lizer, MD  |                                     | Amount of Each Receipt this Period  |
| Occupation<br>Physician  |                                     | <input type="text" value="100.00"/>   |
| Receipt For: 2011  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                            | <input type="text" value="400.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼<br>Calendar Year                       |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Bose Mandava MD</b>                         |                                     | Date of Receipt   |
| Mailing Address 4990 Caminita Luisa  |                                     | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| City<br>Camarillo  | State<br>Ca                         | Zip Code<br>93012   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> |                                     | <b>Transaction ID : 11AI-74946</b>  |
| Name of Employer<br>Bose Mandava, MD   |                                     | Amount of Each Receipt this Period  |
| Occupation<br>Physician  |                                     | <input type="text" value="250.00"/>   |
| Receipt For: 2011  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                            | <input type="text" value="250.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼<br>Calendar Year                       |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Rolando Mercader MD</b>                     |                                     | Date of Receipt   |
| Mailing Address 166 S. Alvarado St., #106  |                                     | <input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2011"/> |
| City<br>Los Angeles  | State<br>CA                         | Zip Code<br>90057   |
| FEC ID number of contributing federal political committee.<br><input type="text" value="C"/> |                                     | <b>Transaction ID : 11AI-75045</b>  |
| Name of Employer<br>Rolando Mercader, MD   |                                     | Amount of Each Receipt this Period  |
| Occupation<br>Physician  |                                     | <input type="text" value="200.00"/>   |
| Receipt For: 2011  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General                            | <input type="text" value="550.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼<br>Calendar Year                       |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="550.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Guiragos Minassian MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19671 Tulsa St.  
 City Chatsworth State CA Zip Code 91311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guiragos Minassian, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : 11AI-74961**  
 Amount of Each Receipt this Period  
**250.00**

**B. Christophr Minnick MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 595 E. Colorado Blvd Ste 719  
 City Pasadena State CA Zip Code 91101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Christophr Minnick, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : 11AI-74968**  
 Amount of Each Receipt this Period  
**100.00**

**C. Leonard Newman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 El Toyonal  
 City Orinda State CA Zip Code 94563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leonard Newman, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : 11AI-75047**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Noreen Newmark MD</b> |                                     | Date of Receipt   |
| Mailing Address PO Box 609001  |                                     | <input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/> |
| City   | State                               | Zip Code  |
| San Diego  | CA                                  | 92160   |
| FEC ID number of contributing federal political committee.             |                                     | Transaction ID : <b>11AI-75006</b>  |
| <input type="text" value="C"/>   |                                     | Amount of Each Receipt this Period  |
|  |                                     | <input type="text" value="150.00"/>   |
| Name of Employer   | Occupation                          |   |
| Noreen Newmark, MD   | Physician                           |   |
| Receipt For: 2011  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General      | <input type="text" value="250.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼                  |                                     |   |
| Calendar Year  |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Farshad Nosratian MD</b> |                                     | Date of Receipt   |
| Mailing Address 11726 Grevillea Ave #A                                    |                                     | <input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2011"/> |
| City  | State                               | Zip Code  |
| Hawthorne   | CA                                  | 90250   |
| FEC ID number of contributing federal political committee.                |                                     | Transaction ID : <b>11AI-74965</b>  |
| <input type="text" value="C"/>  |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |
| Name of Employer  | Occupation                          |   |
| Farshad Nosratian, MD   | Physician                           |   |
| Receipt For: 2011   | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General         | <input type="text" value="250.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼                     |                                     |   |
| Calendar Year   |                                     |   |

|  |                                     |   |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Jacob Rabinovich MD</b> |                                     | Date of Receipt   |
| Mailing Address 1125 E. 17th St., #218E                                  |                                     | <input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2011"/> |
| City   | State                               | Zip Code  |
| Santa Ana  | CA                                  | 92701   |
| FEC ID number of contributing federal political committee.               |                                     | Transaction ID : <b>11AI-75007</b>  |
| <input type="text" value="C"/>   |                                     | Amount of Each Receipt this Period  |
|  |                                     | <input type="text" value="250.00"/>   |
| Name of Employer   | Occupation                          |   |
| Jacob Rabinovich, MD   | Physician                           |   |
| Receipt For: 2011  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General        | <input type="text" value="250.00"/> |   |
| <input checked="" type="checkbox"/> Other (specify) ▼                    |                                     |   |
| Calendar Year  |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="650.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 19 OF 27 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Nasrollah Rashidi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Esplanade Drive, #1520

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Oxnard | State<br>CA | Zip Code<br>93036 |
|----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|   |                         |
|---|-------------------------|
| Name of Employer<br>Nasrollah Rashidi, MD | Occupation<br>Physician |
|---|-------------------------|

Receipt For: 2011  
 Primary     General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2011  
**Transaction ID : 11AI-74985**

Amount of Each Receipt this Period  
 250.00

**B. Janice Rha MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 S Helberta Ave

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Redondo Beach | State<br>CA | Zip Code<br>90277 |
|-----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|                                    |                         |
|------------------------------------|-------------------------|
| Name of Employer<br>Janice Rha, MD | Occupation<br>Physician |
|------------------------------------|-------------------------|

Receipt For: 2011  
 Primary     General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : 11AI-74956**

Amount of Each Receipt this Period  
 250.00

**C. Douglas Roberts MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 A North Heritage Dr Bldg A

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Ridgecrest | State<br>CA | Zip Code<br>93555 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

|   |                         |
|---|-------------------------|
| Name of Employer<br>Douglas Roberts, MD | Occupation<br>Physician |
|---|-------------------------|

Receipt For: 2011  
 Primary     General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : 11AI-74942**

Amount of Each Receipt this Period  
 250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Sharon Sadeghinia MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 9166  
 City La Jolla State CA Zip Code 92038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sharon Sadeghinia, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : 11AI-74971**  
 Amount of Each Receipt this Period  
**250.00**

**B. Lee Sadjia MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2730 Wilshire Blvd., #325  
 City Santa Monica State CA Zip Code 90403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lee Sadjia, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : 11AI-75010**  
 Amount of Each Receipt this Period  
**100.00**

**C. Stephen Schmones MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2625 W Alameda St Ste 410  
 City Burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Stephen Schmones, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : 11AI-74973**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |               |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 21 OF 27 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. James Shafer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 203 W. Badillo St.  
 City Covina State CA Zip Code 91723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer James Shafer, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2011  
**Transaction ID : 11AI-75026**  
 Amount of Each Receipt this Period  
**250.00**

**B. Sandy Shaw MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2217  
 City Fullerton State CA Zip Code 92837  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sandy Shaw, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2011  
**Transaction ID : 11AI-74976**  
 Amount of Each Receipt this Period  
**250.00**

**C. Catherine Sims MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 Olazabal Dr.  
 City Hemet State CA Zip Code 92545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Catherine Sims, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : 11AI-74997**  
 Amount of Each Receipt this Period  
**500.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>1000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 22 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Zhenkai Song MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23870 Canyon Vista Court  
City Diamond Bar State CA Zip Code 91765  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Zhenkai Song, MD Occupation Physician  
Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2011  
**Transaction ID : 11AI-74947**  
Amount of Each Receipt this Period  
250.00

**B. James Strebig MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4050 Barranca Pkwy., #250  
City Irvine State CA Zip Code 92604  
FEC ID number of contributing federal political committee. **C**  
Name of Employer James Strebig, MD Occupation Physician  
Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2011  
**Transaction ID : 11AI-74998**  
Amount of Each Receipt this Period  
500.00

**C. J. Bradley Taylor MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 30421 Via Festivo  
City San Juan Capistrano State CA Zip Code 92675  
FEC ID number of contributing federal political committee. **C**  
Name of Employer J. Bradley Taylor, MD Occupation Physician  
Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 07 / 2011  
**Transaction ID : 11AI-75030**  
Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 23 OF 27   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Bahnam Thomas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3431 Lake Shore Ave  
 City Fallbrook State CA Zip Code 92028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bahnam Thomas, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2011  
**Transaction ID : 11AI-74959**  
 Amount of Each Receipt this Period  
**250.00**

**B. Steven Tradonsky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7485 Mission Valley Road, Ste  
 City San Diego State CA Zip Code 92108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Steven Tradonsky, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : 11AI-74969**  
 Amount of Each Receipt this Period  
**100.00**

**C. Kiet Tran MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 W. Cesar Chavez Ave., #201  
 City Los Angeles State CA Zip Code 90012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kiet Tran, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : 11AI-74952**  
 Amount of Each Receipt this Period  
**250.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 27                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A. Yuh Huey Wang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1106 S Diamond Bar Blvd  
 City Diamond Bar State CA Zip Code 91765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Yuh Huey Wang, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2011  
**Transaction ID : 11AI-74974**  
 Amount of Each Receipt this Period  
**250.00**

**B. Glenn Weissman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 320 Sycamore Lane  
 City Bradbury State CA Zip Code 91008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Glenn Weissman, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2011  
**Transaction ID : 11AI-75015**  
 Amount of Each Receipt this Period  
**250.00**

**C. Shahan Yacoubian MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2625 W Alameda Ave Ste 116  
 City Burbank State CA Zip Code 91505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shahan Yacoubian, MD Occupation Physician  
 Receipt For: 2011  
 Primary  General  
 Other (specify)  Calendar Year  
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2011  
**Transaction ID : 11AI-74991**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 27  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Cooperative of American Physicians Federal Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Zarins MD**

Mailing Address 32591 Azores Road

City Dana Point State CA Zip Code 92629

FEC ID number of contributing federal political committee. **C**

Name of Employer Raymond Zarins, MD Occupation Physician

Receipt For: 2011  
 Primary     General  
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**11 / 08 / 2011**

**Transaction ID : 11AI-75043**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>250.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <b>17525.00</b> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Victory Fund**

Mailing Address 2 West Windsor Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

**Transaction ID : 23-637**

Amount of Each Disbursement this Period

300.00

Full Name (Last, First, Middle Initial)

**B. American Victory Fund**

Mailing Address 2 West Windsor Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Vern Buchanan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2011

**Transaction ID : 23-638**

Amount of Each Disbursement this Period

700.00

Full Name (Last, First, Middle Initial)

**C. Committee to Re-elect Congressman Rohrabacher**

Mailing Address 2408 Orange Ave

City Costa Mesa State CA Zip Code 92627

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Dana Rohrabacher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2011

**Transaction ID : 23-639**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**Cooperative of American Physicians Federal Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Romney for President, Inc.**

Mailing Address 11150 Santa Monica Blvd # 450

City Los Angeles State CA Zip Code 90025

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**Mitt Romney**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2011

**Transaction ID : 23-640**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Mailing Address 499 Capital St. SW #420

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Political Contribution

011

Candidate Name

**John Shimkus**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 19

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 01 / 2011

**Transaction ID : 23-636**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

5000.00